•	MIS	SC	UR	I D	IVIS	SION OF HEALTH - STANDARD CERTIFICATE OF DEATH =63-019647	
DO NOT WRIT	E 3	AI	AENDI	ED.] _ ^k	Registration District No. 1/9 STATE FILE NUMBER Registration District No. 1/9 STATE FILE NUMBER Registration District No. 1/9	
VS 300 Rev. 4/59		ENDED				b. City (If ontside conforate limits, give OWNSHIP only) Length of stay in jb C. City C. C	
10365 20366	4	DATE AME			_	c. FULL NAME OF (If NOT-in belighted, give location) Inside Limits HOSPITAL OF INSTITUTION Yes No Reside on Ferr Yes No	
3 4 O					1	3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year OF DEATH Month Day Year DEATH DEATH Month Day Year DEATH DEATH DEATH DAY DEATH DAY DEATH DAY DEATH DAY DEATH DAY D	7.11
5 /. 6 7 0	TOWS				7	08. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OF INDUSTRY) 11. BIRTHEF ICE (City and state of country) 12 CITIZEN OF WHAT COUNTED TO COUNTRY (12 CITIZEN OF WHAT COUNTRY (13 NAME OF HUSBAND OR WIFE) 13b. MOBILER'S MAIDEN NAME	
8 2 9177 X	RE AS FOLLO				12.0	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH (Enter only one cause per line by the large of the large	
10 .		EAD OF		DOCUMEN		Conditions, If any, Due to (b) Adaptate Conditions of the total of the	∺ — ∡
122-0 135-c	ON THIS	INST			z	which gave rise to above cause (a), stating the under-lying cause last.) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was female	
	က်				CATIO	disease condition given in PART I (a) there a pregnancy in last 90 d	<u> </u>
USE BLACK INK OR TYPĘWRITER RIBBON	AMENDMENT			OF.	ICAL CERTIF	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE PERFORMED? YES NOT HOUT Month, Day, Year INJURY OF Hour Month, Day, Year INJURY OF Hour Month, Day, Year INJURY a.m.	_
					WED	p.m. 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, with the property of the property of the place	
		SHOULD READ			•	21. I attended the deceased from	NEC
- ₹		EM NO. SH	-	AFFIDAVIT (W	31-BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMAZORY 23d. LOCATION (City, Journ or county) (State) / REMOVAL (Specific) (City, Journ or county) (State) (St	26. 4
, ٠,		=		B B	V.	S. W. With Chicago Emplaner's Statement on Reverse Side) Siola & Judgmann	7

E361 8 S YAM

or by	Student Embalmer No
working under my personal supervision.	D+ 112/4
StudentSignature of Student Embalmer	Signed Sesses M. Will
	Licensed Embalmer No. 3254
	P. O. Add Washington W

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.